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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/725,845	11/30/2000	Delong Zhang	20743-1

PRAXAIR, INC.
LAW DEPT-M1557
39 OLD RIDGEBURY ROAD
DANBURY, CT 06810-5113



CONFIRMATION NO. 8759

FORMALITIES LETTER



OC000000005654297

Date Mailed: 01/04/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

*A copy of this notice **MUST** be returned with the reply.*

Michael T. Michael
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

02/13/2001 BNGUYEN1 00000043 162440 09725845

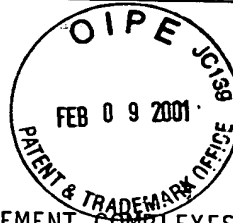
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Filed: 11/30/00



Serial No.: 09/725,845

Inventor(s): Delong Zhang et al.

Title: INTERMOLECULARLY BOUND TRANSITION ELEMENT COMPLEXES FOR OXYGEN-SELECTIVE ADSORPTION

COMPLETION OF PATENT APPLICATION UNDER 37 CFR 1.53(d)

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Attn: BOX MISSING PARTS

Sir:

Transmitted herewith for completing the filing of this application is/are:

- ☒ Declaration executed by the inventor(s).
☐ The filing fee, calculated as follows:

FOR	(Col. 1) No. Filed	(Col. 2) No. Extra	Rate	Fee
Basic Fee			710 =	\$ 710
Total Claims	- 20=	*	x 18 =	\$
Independent Claims	- 3=	*	x 80 =	\$
<input type="checkbox"/> Multiple Dependent claims presented			+ \$270 =	\$
* If the amount in Col. 1 is negative, enter "0" in Col. 2			FILING FEE	\$
<input checked="" type="checkbox"/> Surcharge as set forth in 37 CFR 1.16(e)				130
TOTAL				\$ 130

- ☒ Charge \$ 130.00 to Deposit Account No. 16-2440 for this filing fee/surcharge. A duplicate copy of this sheet is enclosed for this purpose.
- ☒ Please charge any additional filing fees/surcharge which may be required by this paper, or credit any overpayment, to Deposit Account No. 16-2440. A duplicate copy of this sheet is enclosed for this purpose.
- ☐ Also transmitted herewith is/are:
- ☐ Formal Drawing(s) _____ sheet(s)
- ☐ _____

Our Ref.: D- 20743-1
Danbury, Connecticut 06810-5113
Date: 2/8/01
Telephone No.: (203) 837- 2363

Respectfully submitted,

Robert J. Follett

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Robert J. Follett